

PTO/SB/21 (08-03)

Approved for use through 07/31/2008. OMB 0651-0031

Under the Paperwork Reduction Act of 1996, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

5

Application Number

10/036,919

Filing Date

December 21, 2001

First Named Inventor

Michael T. Heffelfinger

Art Unit

1773

Examiner Name

Vivian Chen

Attorney Docket Number

10122A

## ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input checked="" type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Transmittal, Certificate of Facsimile Transmittal, Fee Transmittal and Petition to Change Order of Inventorship
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Rick F. James Reg. No. 48,772 Customer No. 23455
-------------------------	--

Signature

Date

April 5, 2004

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

Typed or printed name	Jacqueline M. Jackson
Signature	

Date

April 5, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/17 (10-03)

Approved for use through 07/31/2008. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control

# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

\$130.00

## Complete if Known

Application Number	10/036,919
Filing Date	December 21, 2001
First Named Inventor	Michael T. Hoffellinger
Examiner Name	Vivian Chen
Art Unit	1773
Attorney Docket No.	10122A

## METHOD OF PAYMENT (check all that apply)

 Check  Credit card  Money order  Other  None
 Deposit Account:Deposit Account Number **ExxonMobil Chemical Company**Deposit Account Name **05-1712**

The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) or any underpayment of fee(s)  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Description	
1051 130	2051 2051	65 Surcharge - late filing fee or oath	
1052 50	2052 25	25 Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	130 Non - English specification	
1812 2,520	1812 2,520	For filing a request for ex parte reexamination	
1804 920*	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	55 Extension for reply within first month	
1252 420	2252 210	210 Extension for reply within second month	
1253 850	2253 475	475 Extension for reply within third month	
1254 1,480	2254 740	740 Extension for reply within fourth month	
1255 2,010	2255 1,005	1,005 Extension for reply within fifth month	
1401 330	2401 165	165 Notice of Appeal	
1402 330	2402 165	165 Filing a brief in support of an appeal	
1403 290	2403 145	145 Request for oral hearing	
1451 1,510	1451 1,510	1,510 Petition to Institute a public use proceeding	
1452 110	2452 55	55 Petition to revive - unavoidable	
1453 1,330	2453 665	665 Petition to revive - unintentional	
1501 1,330	2501 665	665 Utility issue fee (or reissue)	
1502 480	2502 240	240 Design issue fee	
1503 640	2503 320	320 Plant issue fee	
Total Claims -20** =	0 X 0.00 =		
Independent Claims - 3*** =	0 X 0.00 =		
Multiple Dependent			
Large Entity	Small Entity	Fee Description	
Fee Code (\$)	Fee Code (\$)	Fee Description	
1202 18	2202 9	Claims in excess of 20	
1201 86	2201 43	Independent claims in excess of 3	
1203 290	2203 145	Multiple dependent claim, if not paid	
1204 86	2204 43	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (1)	(\$)	50.00	

\*\*or number previously paid, if greater; For Reissues, see above

\*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)

\$130.00

SUBMITTED BY		Complete (if applicable)		
Name	Rick F. James	Customer No. 23455	Registration No. (Attorney/Agent)	48,772 Telephone 281-834-2438
Signature			Date	April 5, 2004

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments or the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.